								Application or Docket Number														
	PATENT APPLICATION FEE DETERMINATION RECOR								10/773767													
	Effective October 1, 2003																					
CLAIMS AS FILED - PART I (Column 1) (Column 2)										OR	OTHER SMALL											
то	TAL CLAIMS		-28					PATE	FEE		RATE	FEE										
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	ОЯ	Basic Fee	770.00										
TOTAL CHARGEABLE CLAIMS			minus 20=		- 8			X\$ 9=		ОЯ	X\$18=											
INDEPENDENT CLAIMS			_2 minus 3 =		· ø			X43=		OR	X86•											
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+145=		OR	+290=											
• [[ne difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL											
OTHER THAN																						
H		Catum			mn 2)	(Column 3)	.	SMALL		OR	SMALL	ADDI										
	1	CLAIMS REMAINING AFTER	MS NING NU ER PREY		IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE										
AMENDIMENT A	Total	AMENDMENT	Minus	* 0	<u> </u>	-0	1	X3 9≖		OP	X\$18=											
	tndependent	• 1	Minus	***	3	W		X43		OR	X86-											
₹]	FIRST PRESENTATION OF MULTIPLE DEPENDENT				TCLAIM]	+145=		OR	+290=											
								YOYAL	1	1	YOYAL ADDIT, FEE	-74										
(Column 2) (Column 3)										10	ADDIT. FEE											
AMENDMENT 8	11440	(Column 1)	HIGH SINUM PREVI		(EST		ጎ · i		ADD1-			ADDI-										
	·	REMAINING AFTER			IBER OUSLY FOR	PRESENT		RATE	TIONAL FEE	·	RATE	TIONAL										
	Total	AMENDMENT	Minus			3.		X\$ 9=	•	OR	X\$18=											
	Independent	. 2	Minus	•••	3	•]	X43-		OR	X88=											
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		J	+145=		OR	+290=											
							,	TOTAL		OR	YOYA											
١.	Marli							ADDIT. FEE	L	30	ADDIT, FEE											
	4125/106	(Column 1)			mn 2) HEST	(Cotumn 3	7		ADDI-	1		ADDI-										
MTC	alistris	REMAINING AFTER AMENDMENT		PREV	ABER KOUSLY O FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL										
AMENDME	Total	• 28	Minus	**	28	-0		X\$ 9=	1	OR	X\$18=											
	Independent	• 2	Minus		.3	1.0		X43=		OR	X86=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	OR	+290=											
* If the entry in column 1 is less than the entry in column 2, write "I" in column 3.										4	TOYAL											
-	if the "Highest My	mber Previously P	aid For IN IM	15 SMCE	the team of			ADDIT. FEE	<u> </u>	TOB	ADDIT, FEE											
""If the "Highest Number Previously Paid For" IN THIS SPACE is test than 3. enter "3." The "Highest Number Previously Paid For" (Rotal or Independent) is the highest number found in the appropriate box in column 1.																						
<u> </u>	4070 em en						Pi	sort and Trad	omant Office.	y.S. DE	Penns and Trademark Office, U.S. DEPARTMENT OF COMMERCE											